

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## COSMETOLOGY EXAMINING BOARD

### VERIFICATION OF SELF-EMPLOYMENT for INSTRUCTOR

**Instructions:** Completion of this form is required for application processing. You may fax/email to: (608) 251-3036 or [DSPSCREDBAC@wisconsin.gov](mailto:DSPSCREDBAC@wisconsin.gov). To verify that you owned an establishment, complete this form and attach one of the following:

1. Verification from the previous state's licensing agency to verify you had been issued an establishment license, the name and address of the establishment, the date the license was issued, and the date the license expired
2. A photocopy of tax forms that shows your name as owner of the establishment for the employment period listed below.

<b>Section A: Applicant Work History</b>		
<b>Name of Applicant</b> <input type="text"/>	<b>Date of Birth</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Name of Establishment</b> <input type="text"/>	<b>Establishment License Number</b> <input type="text"/>	
<b>Address of Establishment</b> (street, city, state, zip) <input type="text"/>		
<b>Employment Period From:</b> (include month, day, and year)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Employment Period To:</b> (include month, day, and year)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Number of Hours Worked Per Week:</b>	<input type="text"/>	<input type="text"/>
	(Full-Time)	(Part-Time)
	<b>Total Number of Hours Worked</b>	
<b>Employee Worked As:</b> (check one) <input type="checkbox"/> Aesthetician <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Electrologist <input type="checkbox"/> Manager <input type="checkbox"/> Manicurist		

<b>Section B: Acknowledgement</b>	
I declare the foregoing statements are true to the best of my knowledge and belief, that I owned and operated the above-mentioned establishment, and that I personally completed and signed this form.	
<b>Applicant Signature (Print and Sign Form)</b> <input type="text"/>	<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>License Number:</b> <input type="text"/>	<b>Email:</b> <input type="text"/>